

For Limited Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 8533	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John E Darrah P.O. Box, Bldg., Room No., if any Street 1205 Ridge Wood Circle City Southlake State Texas ZIP Code +4 76092	4. Name, file number, and address of labor organization. Name Allied Pilots Association Labor Organization File Number 059-849 P.O. Box, Building and Room Number, if any Street 14600 Trinity Boulevard City Fort Worth State Texas ZIP Code +4 76155-2512
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>John E. Darrah</i></u>	On <u>8/8/5</u> Date	<u>817-302-2118</u> Telephone Number

Name of Person Filing

John E. Darrah

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

American Airlines, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

4333 Amon Carter Blvd.

City

Fort Worth

State

Texas

ZIP Code + 4

76158-2505

14.a. Nature of payment.

A travel pass on American, which permits me to fly for free in connection with union business and which allows myself and my family to fly at the reduced rate on a space available basis for personal purposes, albeit at the same cost that the airline provides to its other employees and their families.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.